

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 1 6

2. STATE:

COLORADO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)
SECTION 1905

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

OCTOBER 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1905/OBRA1993, Section 13603

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 8

Attachment 3.1-B, page 7

Supplement ~~4~~ to Attachment 3.1-A, ~~page 1a of 2~~

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-

b. FFY 2002 \$ -0-

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, page 8

Attachment 3.1-B, page 7

~~New Same~~

10. SUBJECT OF AMENDMENT:

~~Tuberculosis-Related Services~~ *Extended Services for Pregnant Women*
3-5-01 *SL*

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

As per Governor's letter dated
December 14, 1994

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Richard C. Allen

13. TYPED NAME:

Richard C. Allen

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

16. RETURN TO:

Colorado Department of Health Care
Policy and Financing
1575 Sherman Street
Denver, CO 80203-1714
ATTENTION: Deborah Collette

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 27, 2000

18. DATE APPROVED:

12/27/00

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/2000

20. SIGNATURE OF REGIONAL OFFICIAL:

David R. Selleck

21. TYPED NAME:

David R. Selleck

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: Handcarried December 27, 2000

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Colorado

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

 Provided: With limitations*

X Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

X Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

X Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 00-016

Supersedes

TN No. 96-004

Approval Date 03/06/01

Effective Date 10/01/00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Supplement to
Attachment 3.1-A

State of Colorado

EXTENDED SERVICES FOR PREGNANT WOMEN

20. Drug and alcohol treatment services will be provided to a substance abusing pregnant woman who is at risk of a poor birth outcome.

Enhanced prenatal care services including care coordination or case management counseling. Nutritional counseling and home visits will be provided to pregnant women who are at risk of poor birth outcome because of lifestyle choices, i.e., smoking, unstable living environment, young age, etc.

TN No. 00-016

Supersedes

TN No. 96-004

Approval Date 03/06/01

Effective Date 10/01/00

State/Territory: COLORADO

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NONE

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☐ Provided: ☐ With limitations*

☐ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

☐ Provided: ☐ With limitations*

☐ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☐ Provided: ☐ Additional coverage⁺⁺

- b. Services for any other medical conditions that may complicate pregnancy.

☐ Provided: ☐ Additional coverage⁺⁺ ☐ Not provided.

21. Certified pediatric or family nurse practitioners' services.

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

* Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 00-016

Supersedes

TN No. 94-022

Approval Date 03/06/01

Effective Date 10/01/00